

A17.ISS. Refusal to Travel in the National Ambulance Service. A Patient Care Report examination.

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Introduction: Every patient has the right to refuse treatment and, or transport (RTT) to hospital (1). The National Ambulance Service (NAS) has operated under a clinical guidance document that requires an assessment of patient capacity and a baseline amount of data to be gathered on every patient to facilitate the patient making an informed decision (2,3). An increase in the rate of non-conveyance of patients and refusal to travel calls as well as an increasing number of complaints prompted a quality improvement initiative based on improving and facilitating a shared decision-making model. **Aim:** For patients who RTT, to establish a baseline quality of information collected and recorded on a Patient Care Report. **Methods:** All NAS incidents closed with a refusal of treatment or transport, from 1st January 2017 to 9th November 2017 were identified from National Emergency Operation Centre (NEOC). A random selection of 75 patient care reports (52 paper and 23 electronic) were identified and reviewed. Compliance with the refusal to travel guidance document was measured. **Results:** 31% of paper PCR's reviewed were missing a complete set of vital signs. An average of 48.4 % (median 48.4%, range 36.5% to 61.5%) were missing a complete second set of vital signs. 17.3% of combined forms were missing the patient's chief complaint and 38.7% had no practitioner clinical impression entered. 24% had no capacity assessment completed. **Conclusion:** Clinical information recorded by NAS staff did not meet the clinical guidance document requirements. It is impossible to assess what information was given to a patient to facilitate a shared decision-making model. The quality of NAS documentation can be improved for patients who refuse to travel.

A18.ISS. Reflections on Reflective Practice among Pre-Hospital Emergency Care Practitioners in Ireland.

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Background: This paper examines the level of engagement of Irish pre-hospital emergency care practitioners with reflection and reflective practice. It also explores the attitudes of practitioners to reflection and to methodologies designed to support reflective practice such as reflective discussion and video-assisted structured reflection. Finally it outlines the main barriers to reflection, both individually and collaboratively, and reflective practice gaining widespread acceptance as key learning strategies among pre-hospital emergency care practitioners and educators in Ireland. **Methodologies:** This paper is part of a larger project which consisted of three cycles of action research. Data was collected via an online survey questionnaire, and by conducting a series of semi-structured interviews with various stakeholders. These included all three clinical levels of pre-hospital emergency care practitioners and educators from emergency service providers, private ambulance services, and voluntary organisations. **Findings:** Many practitioners consider themselves to be reflective practitioners. However, very few of them use a structured model of reflection. Reflection, and reflective practice are not part of the education standards for practitioners in Ireland, and consequently receive very little attention in most education programmes. Practitioners within voluntary organisations perceived that reflective practice was encouraged by their organisation in greater numbers than those from other organisations. Collaborative forums were perceived to be beneficial, although concerns were raised about their potential for abuse and misuse. These concerns appear to emanate from a lack of trust within certain organisations. **Recommendations:** Reflective practice to be included in the education standards for all levels of practitioners in Ireland. Develop and roll-out an education programme for existing practitioners regarding reflection, reflective learning, reflective practice, and structured models of reflection, as part of their CPC requirements. Provide education for all EMS course faculty regarding reflection, reflective learning, reflective practice, and structured models of reflection. A learning contract for all participants and faculty, including a confidentiality agreement, must be in place prior to the establishment of any collaborative forums. Further research to explore the reasons for lack of trust within organisations should be undertaken. Further research is recommended to explore the reasons for the disparity of opinion between volunteer and professional organisations regarding the encouragement of reflective practice.